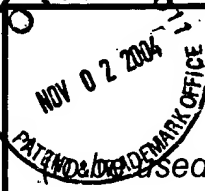


Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

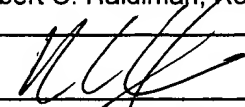
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <p>TRANSMITTAL FORM <i>Used for all correspondence after initial filing)</i></p>	Application Number	09/726,075
	Filing Date	11/29/2000
	First Named Inventor	Peter Gansen
	Group Art Unit	1711
	Examiner Name	John M. Cooney
Total Number of Pages in This Submission		Attorney Docket No. 64251-006

ENCLOSURES (check all that apply)

<input type="checkbox"/> Charge Deposit Account -08-3460 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Request for Continued Examination <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input checked="" type="checkbox"/> Other Enclosure(s): Postcard Receipt
Remarks: <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet		

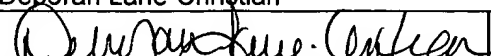
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Robert C. Haldiman, Reg. No. 45,437
Signature	
Date	Nov. 2, 2004

CERTIFICATE OF EXPRESS MAILING
Express Mail No. EV 458945495 US

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

date: 11-2-2004

Typed or printed name	Deborah Lane-Christian		
Signature		Date	11-2-2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Mail Stop Comments - Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

F:\PEORIA\HALDIMAR\DOC\0170190.01